JB DOGM M/041/012	2/4/02
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) C. Signature X
1. Article Addressed to: NEAL MORTENSEN WEST ERN CLAY CO 508 E CENTER	If YES, enter delivery address below: Y No
PO BOX 127 AURORA UT 84620	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 7099 3400 0016 8896 4110	
PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789	

